

PATENT APPLICATION DETERMINATION RECORD Effective October 1, 2001					Application or Docket Number <i>1387-01</i>
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY
TOTAL CLAIMS					RATE <input type="checkbox"/> FEE BASIC FEE 370.00
FOR		NUMBER FILED	NUMBER EXTRA		OR RATE <input type="checkbox"/> FEE BASIC FEE 740.00
TOTAL CHARGEABLE CLAIMS		<i>15</i> minus 20 = *			OR X\$ 9= <input type="checkbox"/>
INDEPENDENT CLAIMS		<i>7</i> minus 3 = *			OR X42= <input type="checkbox"/>
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>					+140= <input type="checkbox"/>
					TOTAL <input type="checkbox"/> OR TOTAL <i>15</i>
* If the difference in column 1 is less than zero, enter "0" in column 2					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OR OTHER THAN SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE <input type="checkbox"/> ADDI- TIONAL FEE
	Total	*	Minus	**	=
Independent	*	Minus	***	=	X\$ 9= <input type="checkbox"/> X42= <input type="checkbox"/> +140= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					TOTAL ADDIT. FEE <input type="checkbox"/> OR TOTAL ADDIT. FEE <i>15</i>
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE <input type="checkbox"/> ADDI- TIONAL FEE
	Total	*	Minus	**	=
Independent	*	Minus	***	=	X\$ 9= <input type="checkbox"/> X42= <input type="checkbox"/> +140= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					TOTAL ADDIT. FEE <input type="checkbox"/> OR TOTAL ADDIT. FEE <i>15</i>
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE <input type="checkbox"/> ADDI- TIONAL FEE
	Total	*	Minus	**	=
Independent	*	Minus	***	=	X\$ 9= <input type="checkbox"/> X42= <input type="checkbox"/> +140= <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					TOTAL ADDIT. FEE <input type="checkbox"/> OR TOTAL ADDIT. FEE <i>15</i>
<ul style="list-style-type: none"> * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>					